



800 E 12TH ST, SUIT#105, LOS ANGELES, CA 90021
213-400-9238 |
<http://www.laroscollection.com>

Credit Card Authorization Form

*(Please **print this page**, complete the information and **fax it** to the number listed to the left top. Your order will not be processed until we receive this information.)*

PO Number :

Cardholder Information

Card VISA MASTER AMERICAN EXPRESS DISCOVER

Name on Card:

Credit Card Number :

Expiration Date :

CID No. :

Billing Address :

Please check all boxes

- I hereby authorize **La' Ros** to process my order PO# _____ with the credit card for the amount of _____ (order amount and Shipping & Handling fees)
- I agree that I will not initiate any dispute on this charge in the future, for the reason of "No Cardholder Authorization".
- I will provide with copy of proof of identity and ownership of credit card upon request.

Signature

Date